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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 30 1997 8:00am

Secretary of State

lpril 28, 1997 813-677-0880

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028553 (1)

PARADISE FLORIST & GIFT SHOP, INC.

| Principal Place of Business Mailing Address | | | | - I SECREBAL SIN DONNO ONEL BORN OCENE BONE BONE SICES ICENI DI | JOI BURNE III IORI |
|--|--|---|---|---|------------------------------|
| 9306 BALM RIVERVIEW ROAD 9306 BALM RIVERVIEW F RIVERVIEW FL 33569 RIVERVIEW FL 33569-510 | | | | | |
| | | | | 3. Date incorporated or Qualified 3a. Date of L 03/26/1996 | ast Report |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEINumber 3372149 | Applied For |
| 21 | | 26 | | | Not Applicable |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. | | For Certificate of Status Desired For | 75 Additional se Required |
| City & State | | City & State | ·. | | .00 May Be |
| Ζφ | Country | Zip | Country | 8. This corporation has liability for intangible tax un- | ······ |
| 24 | 25 | 29 | 30 | Florida Statutes X Yes No | |
| | 9. Name and Address of Curre | ent Registered Agent | 81 Name | 10. Name and Address of New Registered Agent | |
| MCCHAIN, LOIS A | | | 81 Name | erry tiersall | |
| 1755 W BRANDON BLVD STE I | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| BRANDON FL 33511-4866 ' | | | 83 | 113 Lithia Pivecrest Rd | |
| | | | | · | |
| | | | 84 City | Brandon FL 85 | Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered | | | | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Slorida Salutana. | | | | | |
| SIGNATURE | Herry Kiersall | Accountant & | Himmell | Heril 38 | 1997 |
| | Signature: typed or printed name of registered a | | Pleastered Agent signature requir | | 27000 IN 40 |
| 12. | President | ND DIRECTORS DELETE | 13. 1,1 T.TLE | ADDITIONS/CHANGES TO OFFICERS AND DIREC | |
| NAME | Rossie L. G | ongales | 1.2 NAME | | mgo resulton |
| STREET ADDRESS | USUA Wallman | n Doci | 1.3 STREET ADDRESS | | |
| C-TY - ST - ZIP | vive wiew | 71 33569 | | | |
| TITLE | Vila Propies | →+ □ DELETE | 2.1 TITLE | □ Chi | ange Addition |
| NAME | PATRICIA L | VALONE | 2.2 NAME | | - |
| STREET AODRESS | 11516 Wello | m Oc | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | Biverview. | _71 39569 | 2. 4 CHTY-ST-ZIP | | |
| THLE | Treasure | DELETE | 3.1 TiTLE | ☐ Ch | ange 🔲 Addition |
| NAME | ROSSIG L.CA | onacha | 3.2 NAME | | |
| STREET ADDRESS | 11516 Wellma | in prise | 3.3 STREET ADDRESS | | |
| CITY+S1-ZIP | - Kali Vanuie | | 3.4. CITY-ST-ZIP | | |
| TITLE | Secretary. | ☐ DELETE | 4.1 TITLE | Cha | ange [] Addition |
| NAME | Patricia h | , valone | 4. 2 NAME | | |
| STREET ADDRESS | Patricia Li 11516 Wellin Valverview | THE THE | 4.3 STREET ADDRESS | • • | |
| City SI - ZiP | VAIVOLVIEW | 1 2 3 5 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4.4 CITY-ST-ZIP | ☐ Ch | anga Addition |
| TITLE | | | 5.1 TITLE | LJ CIR | ange L Addition |
| NAME CIRCLIANODUSC | | | 5.2 NAME | | |
| STREET ADORESS | | | 5.3 SYREET ADDRESS 5.4 CITY - ST - ZIP | | |
| CITY - ST - ZIP TITLE | | DELETE | 6.1 TITLE | □ Ch | ange Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 6.4 CITY+ST-ZIP | | |
| 14. I do herel | by certify that the information suppl | ied with this filing does not qua | alify for the exemption stated | d in Section 119.07(3)(i), Florida Statutes. I further certify | that the |
| information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. | | | | | |